Wisconsin Department of Administration Division of Executive Budget and Finance DOA-2048 (R07/2000)

## Fiscal Estimate - 2001 Session

	Original		Updated		Corrected		Suppler	nental				
LRB	Number	01-4960/1		Introd	luction Number	er Si	B-479					
Subject  Use of intergovernmental transfer funds for county nursing home services provided to family care recipients												
Fiscal	Effect											
Local:	No Local Gorndeterminate  I.  Increase Permiss  2.  Decrease	e Existing tions Existing tions ew Appropriation vernment Costs e Costs	Rever Decre Rever  3. Increa  y Permis  4. Decre	ase Existing nues se Revenue ssive Manda	5.Types of L Units Affe	rithin age Yes Costs  Cocal Gooted S Lies Lies	ency's buc	lget				
Fund Sources Affected Affected Ch. 20 Appropriations												
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Agency	Agency/Prepared By				Authorized Signature			Date				
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## Fiscal Estimate Narratives DHFS 3/6/02

LRB Number	01-4960/1	Introduction Number	SB-479	Estimate Type	Original						
Subject											
Use of intergovernmental transfer funds for county nursing home services provided to family care recipients											

## **Assumptions Used in Arriving at Fiscal Estimate**

Under current law, \$77,100,000 in supplemental payments is annually distributed to county- and municipal-owned nursing homes. These supplemental payments are in addition to regular per diem payments that nursing homes receive for the care of Medical Assistance (MA) recipients. These supplemental payments are currently allocated based on the amount of the nursing home's unreimbursed costs (costs in excess of the regular per diem payments) related to serving persons under MA.

Senate Bill 479 would allow the Department of Health and Family Services, beginning in 2002-03, to distribute a portion of the \$77,100,000 in supplemental payments to Care Management Organizations (CMOs) in the Family Care program. The bill specifies that the Department would determine this amount as part of the MA state plan amendment process. This reference in the bill to the MA state plan may not be appropriate since the Family Care payment methodology is specified in the Family Care Contract with CMS (Centers for Medicare and Medicaid), and the annual CMO payment rates are subject to federal review when the annual CMO contract and related materials detailing the determination of those rates are submitted to CMS for approval.

Some Family Care CMOs contract with county- and municipal-owned nursing homes for the provision of nursing home services to CMO enrollees. Senate Bill 479 would create a mechanism that would allow the Department to use part of the supplemental funding to support CMO payments that could, in turn, be used by the CMOs to fund higher payments to county- and municipal-owned nursing homes for services to CMO enrollees. Federal regulations prohibit the state from making separate payments to providers that serve MA recipients that are participating in a managed care program, other than the payment made to the managed care organization. This regulation prohibits Wisconsin from making direct payments to nursing homes based on serving an enrollee of a Family Care CMO.

Senate Bill 479 would not have any state fiscal effect since the impact of the bill only affects the allocation of the \$77,100,000 supplemental appropriation.

Long-Range Fiscal Implications